

Building Permit Application

Permit Applicant: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor Application Date (mm/dd/yyyy): _____ Development Permit No. (if applicable): _____ Builder License ID No. (if applicable): _____		New Home Warranty No. (if applicable): _____ Estimated Start Date (mm/dd/yyyy): _____ Estimated Completion Date (mm/dd/yyyy): _____ Value of Work (labour & materials): _____	
Owner Name (printed): _____ Mailing Address: _____ City/Town/Village: _____ Province: _____ Postal Code: _____ *Email: _____ Owners Phone #: _____ Fax #: _____			
Contracting Company Name (printed): _____ Mailing Address: _____ City/Town/Village: _____ Province: _____ Postal Code: _____ *Email: _____ Owners Phone #: _____ Fax #: _____		Contact Name (printed): _____ Mailing Address: _____ City/Town/Village: _____ Province: _____ Postal Code: _____ *Email: _____ Owners Phone #: _____ Fax #: _____	
Project Location Municipality: _____ Subdivision/ Hamlet Name: _____ Tax Roll No.: _____ Street/ Rural Address: _____ Unit: _____ *Legal land description is required Lot: _____ Block: _____ Plan: _____ LSD: _____ Quarter: _____ Section: _____ Township: _____ Range: _____ West of: _____ Directions: _____			
Description of Work (please provide a complete and detailed description of the work to be completed including all applicable drawings/ documents): <div style="text-align: center;"> <input type="checkbox"/> Work has not started <input type="checkbox"/> Work is in progress <input type="checkbox"/> Work is complete WORK SHOULD NOT COMMENCE BEFORE PERMIT IS ISSUED / WORK MUST BE INSPECTED BEFORE COVERING </div>			
TYPE OF OCCUPANCY <input type="checkbox"/> Single Family Residential <input type="checkbox"/> Multi-Family Residential # of units: _____ <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other (specify): _____	TYPE OF WORK <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Basement Development <input type="checkbox"/> Swimming Pool/ Hot Tub <input type="checkbox"/> Change of Occupancy/ Use <input type="checkbox"/> Roof Mounted Solar Panel <input type="checkbox"/> Temporary Structure – Removal Date: _____ <input type="checkbox"/> Manufactured/ RTM Home – Foundation Type: _____ Indicate: <input type="checkbox"/> New or <input type="checkbox"/> Relocation Year of Manufacture: _____ CSA/ QAI/ Intertek No.: _____ AMA No.: _____ </div> <div style="width: 50%;"> <input type="checkbox"/> Attached Garage <input type="checkbox"/> Shed <input type="checkbox"/> Secondary Suite <input type="checkbox"/> Deck <input type="checkbox"/> Demolition <input type="checkbox"/> Relocatable Industrial </div> </div>		BUILDING AREA <div style="text-align: right;"> <input type="checkbox"/> Feet² <input type="checkbox"/> Meters² </div> Ground floor Area: _____ 2 nd Floor Area (loft/ mezzanine) : _____ Basement Floor Area: _____ Developed: <input type="checkbox"/> Yes <input type="checkbox"/> No: _____ Garage: _____ Deck: _____ Other (specify) : _____ Total Developed Area: _____ Undeveloped Area: _____ # of Stories: _____
The personal information you provide to Alberta Safety Codes Authority (ASCA) and the Safety Codes Council is authorized under section 4(c) of the Protection of Privacy (POPA) Act. This information is used to support the administration and delivery of services within ASCA's scope under the Safety Codes Act. This includes, but is not limited to, certification, accreditation, training programs, and program evaluation and planning purposes (including processing permit applications, issuing permits, monitoring and verifying compliance, and conducting investigations and audits). Information may be shared with municipalities, contracted accredited agencies, or other regulatory or governmental bodies as authorized by legislation. ASCA may disclose information in response to permit search requests associated with land transactions or due diligence processes. Additionally, contact information may be used for the Council's annual survey. Please direct questions concerning the collection of this information to the Privacy Information Coordinator at the Safety Codes Council, Suite 500, 10405 Jasper Ave. NW, Edmonton, Alberta, T5J 3N4, Email: privacy@safetycodes.ab.ca			
Permit Applicant's Name (please print) _____		Permit Applicant's Signature _____	
*Homeowner Declaration: I hereby declare I am the owner of the premises in which the work will be conducted and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations.			
OFFICE USE ONLY			
Other Permits Required <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Gas <input type="checkbox"/> Private Sewage <input type="checkbox"/> Not Applicable Permit Fee: \$ _____ SCC Levy: \$ _____ (\$4.50 or 4% of the permit fee maximum \$560.00) Travel Fee: \$ _____ Total Cost: \$ _____ Receipt No.: _____ <input type="checkbox"/> Invoiced <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MC (attach signed credit card authorization form)		<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> [Received Date Stamp] </div> eSITE Permit No.: _____ Agency File No.: _____	

Visit [Where to get a Permit](#) to find out where to submit your application.